

ORGANIZATION NAME

PROGRAM INFORMATION

## Customer Satisfaction Survey

Date:





Zip Code:

5 digit zip code

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4 digit extension  
(if applicable)

Please rate your **level of satisfaction** with the following aspect of your experience as a user of the services provided by this organization/program:

	Poor	Fair	Good	Excellent
				
1 Ease of locating the service provider's contact information (name/phone/address)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Staff courtesy and efficiency during initial contact to apply for and schedule services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Length of time required to obtain service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Introduction to and explanation of the services you were going to receive/what you should expect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Accessibility of service location (how easy was it to find, travel to, and use?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Staff courtesy during your first receipt of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Delivery of service was respectful of your time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Staff responsiveness to your questions and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Overall impression of telephone interactions with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Overall impression of face-to-face interactions with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 <b>Overall satisfaction rating</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Please continue on next page*

Please rate your **level of agreement** with the following statements:

	Strongly Disagree				Strongly Agree
1 The Organization listens to its customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 The Organization is prompt in dealing with customer questions and complaints.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3 Organization employees are well-trained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 The services I received provided the assistance I was seeking/met my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5 I would recommend the services of this Organization to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

General Questions

If I were the CEO of [Organization's name], I would....

If [Organization's Name] could add one more feature or service to its offerings, it should be....